

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Pacific Life Insurance Company Political Action Committee

ADDRESS (number and street) ▼

700 Newport Center Drive

☐ Check if different than previously reported. (ACC)

Newport Beach

CA

92660

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00068528

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

08

01

2015

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

08

31

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Patricia Douglass

Signature of Treasurer

Patricia Douglass

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

09

14

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
08 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">98254.41</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">100347.20</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">30680.97</span>	<span style="border: 1px solid black; padding: 2px;">265273.76</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">131028.17</span>	<span style="border: 1px solid black; padding: 2px;">363528.17</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">17500.00</span>	<span style="border: 1px solid black; padding: 2px;">250000.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">113528.17</span>	<span style="border: 1px solid black; padding: 2px;">113528.17</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
08 01 2015

To:

M M / D D / Y Y Y Y Y  
08 31 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

29393.64

207271.48

(ii) Unitemized .....

1287.33

56002.28

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

30680.97

263273.76

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

30680.97

263273.76

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

2000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

30680.97

265273.76

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

30680.97

265273.76

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	250000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17500.00	250000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17500.00	250000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	30680.97	263273.76
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30680.97	263273.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 6 OF 99  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MS. JUNE G ARCE**

Mailing Address 20050 EMERALD MEADOW DR

City	State	Zip Code
WALNUT	CA	91789-3506

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR MKTG COMPL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR103621010707

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. JULIE E TRASK**

Mailing Address 181 S CRAIG DR

City	State	Zip Code
ORANGE	CA	92869-3731

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR103621210707

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DEWEY P BUSHAW**

Mailing Address 5433 RESIDENCIA

City	State	Zip Code
NEWPORT BEACH	CA	92660-9047

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

EXEC VP RSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR103623010707

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

516.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. MICHAEL J BUSSARD**

Mailing Address 5256 LYSANDER LN

City

BRENTWOOD

State

TN

Zip Code

37027-3110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR103623110707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. EDWARD R BYRD**

Mailing Address 17520 PAGE CT

City

YORBA LINDA

State

CA

Zip Code

92886-3865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP &amp; CHF ACTG OFCR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR103623210707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOSEPH E CELENTANO**

Mailing Address 26661 CAMPESINO

City

MISSION VIEJO

State

CA

Zip Code

92691-6048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP &amp; CHIEF RISK OFCR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR103623810707

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. LAURIE A CHURCH**

Mailing Address 21851 NEWLAND ST SPC 246

City State Zip Code  
 HUNTINGTON BEACH CA 92646-7636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR ISS SERVICE SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR103624210707**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DENNIS M CORBETT**

Mailing Address 15136 TOURAIN WAY

City State Zip Code  
 IRVINE CA 92604-3173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP TAX COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR103625110707**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. DEBRA CUNNINGHAM HONERKAMP**

Mailing Address 839 PROMONTORY DR W

City State Zip Code  
 NEWPORT BEACH CA 92660-7361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE DEVELOPMENT & ACQUISTNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR103625610707**

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

365.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. PETER J CURRY

Mailing Address 1132 WINDSOR LN

City  
TUSTIN

State  
CA

Zip Code  
92780-2843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

IT SERVICE MGMT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103625810707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. STEPHANIE J CURRY

Mailing Address 6453 MEADOWRIDGE DR

City

SANTA ROSA

State

CA

Zip Code

95409-5848

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

RETIREMENT STRATEGIES CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103625910707

Amount of Each Receipt this Period

105.00

P/R Deduction (\$105.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. DIANE W DALES

Mailing Address 28 CLERMONT

City

NEWPORT COAST

State

CA

Zip Code

92657-1071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103626010707

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

155.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. MARK R FALK**

Mailing Address 64 SUMMERSTONE

City

IRVINE

State

CA

Zip Code

92614-7000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR103627110707

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DAVID R FINEAR**

Mailing Address 718 K THANGA DR

City

CORONA DEL MAR

State

CA

Zip Code

92625-1734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR103627810707

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. FRANK J GOETZ**

Mailing Address 7 SOVENTE

City

IRVINE

State

CA

Zip Code

92606-0830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP &amp; ASST CHIEF UNDRWRTR ADM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR103629010707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

335.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. MILDA C GOODMAN**

Mailing Address 310 ALISO AVE

City

NEWPORT BEACH

State

CA

Zip Code

92663-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CORPORATE ADVERTISING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103629210707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. LORENE C GORDON**

Mailing Address 35 ANACAPA LN

City

ALISO VIEJO

State

CA

Zip Code

92656-1630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP OPERATIONS & PMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103629310707

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. ADRIAN S GRIGGS**

Mailing Address 8766 CANARY AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-6353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP & CHIEF FIN OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103629610707

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

716.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 99  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. IRENE L JACOBSEN**

Mailing Address 6052 SAN YSIDRO CIR

City State Zip Code  
 BUENA PARK CA 90620-2850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ACCOUNT MGMT SPEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103629910707

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DALE E HAWLEY**

Mailing Address 1137 SUNSET CLIFFS BLVD

City State Zip Code  
 SAN DIEGO CA 92107-4014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103630710707

Amount of Each Receipt this Period

74.00

P/R Deduction (\$74.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. KEVIN A HENDRA**

Mailing Address 58 VIAGGIO LN

City State Zip Code  
 FOOTHILL RANCH CA 92610-1925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP TAX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103631110707

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

184.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. SHELLY J HIGGINS**

Mailing Address 33032 TESORO ST

City  
DANA POINT

State Zip Code  
CA 92629-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP ACCT SYS OPS & STRTG INIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103631510707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. HOWARD T HIRAKAWA**

Mailing Address 23972 GOLDENEYE DR

City  
LAGUNA NIGUEL

State Zip Code  
CA 92677-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP INVESTMENT ADVISOR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103631610707

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CAROL A JENSEN**

Mailing Address 8554 202ND STREET SW

City  
EDMONDS

State Zip Code  
WA 98026-6643

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

NATL SLS MGR M CHANNEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103632410707

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JEFF R JOHNSON**

Mailing Address 1 SAND OAKS RD.

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-5720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PORTFOLIO MANAGER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

585.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103632510707

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. MARK J JOHNSON**

Mailing Address 1812 LEADBURN RD

City

TOWSON

State

MD

Zip Code

21204-1831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103632710707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. LORI A JOHNSTONE**

Mailing Address 1450 SEA RIDGE DR

City

NEWPORT BEACH

State

CA

Zip Code

92660-8207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP SPECIALTY INVESTMENTS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103632910707

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

280.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. SUZANNE T KAMPA**

Mailing Address 5531 STANFORD AVE

City

GARDEN GROVE

State

CA

Zip Code

92845-2434

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR INTERNAL AUDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103633210707

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. BRIAN D KLEMENS**

Mailing Address 24611 BENJAMIN CIR

City

DANA POINT

State

CA

Zip Code

92629-6013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103633710707

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOHN P KONTOS**

Mailing Address 6307 CAMINO MARINERO

City

SAN CLEMENTE

State

CA

Zip Code

92673-7106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP SELECT MARKETS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103634210707

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. FLETCHER C LARSON**

Mailing Address 709 AVENIDA MIROLA

City State Zip Code  
PALOS VERDES ESTATES CA 90274-4307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR103634710707**

Amount of Each Receipt this Period

400.00

P/R Deduction (\$400.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. TERESA M LORD**

Mailing Address 16432 CAMINO CANADA LN

City State Zip Code  
HUNTINGTON BEACH CA 92649-5206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR103635410707**

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. LAURENE E MAC ELWEE**

Mailing Address 1033 SECRETARIAT CIR

City State Zip Code  
COSTA MESA CA 92626-1620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP FUND COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR103635610707**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

620.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 99  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. THOMAS J MAYS**

Mailing Address 7406 PALOMA DR

City	State	Zip Code
HUNTINGTON BEACH	CA	92648-6847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR103636010707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. GAIL H MC INTOSH**

Mailing Address 622 18TH ST

City	State	Zip Code
HUNTINGTON BEACH	CA	92648-3808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR103636110707**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. ROBERT B MC KIBBIN**

Mailing Address 416 W 68TH ST

City	State	Zip Code
KANSAS CITY	MO	64113-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR103636210707**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

265.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MORGAN C MC KNIGHT**

Mailing Address 1217 HIGHCREST DR

City  
BURLESON

State  
TX

Zip Code  
76028-7467

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

APPLIC DEV CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103636410707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. CAROLYN J MIDDLEBROOKS**

Mailing Address 2024 E OCEAN BLVD

City

NEWPORT BEACH

State

CA

Zip Code

92661-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & CHIEF LIFE UNDERWRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103636910707

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOSE T MISCOLTA**

Mailing Address 3 GRETCHEN COURT

City

ALISO VIEJO

State

CA

Zip Code

92656-5203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INVESTMENT MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103637510707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

190.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. ELIZABETH A MOORE**

Mailing Address 6412 N 159TH ST

City

OMAHA

State

NE

Zip Code

68116-4055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SYSTEMS ANALYSIS CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103637610707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JAMES T MORRIS**

Mailing Address 32141 COOK LN

City

SAN JUAN CAPISTRANO

State

CA

Zip Code

92675-3934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103637910707

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. RICHARD P OLSON**

Mailing Address 24902 SUNSET PL E

City

LAGUNA HILLS

State

CA

Zip Code

92653-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR SECURITY SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103639310707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

516.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 99

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. JOYCE J PEAD**

Mailing Address 25 SUNRISE

City

IRVINE

State

CA

Zip Code

92603-3719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP HR BUS PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

**Transaction ID : PR103640010707**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. YVES F PINKOWITZ**

Mailing Address 20541 VIA EL TAJO

City

YORBA LINDA

State

CA

Zip Code

92887-3202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CORP FIN &amp; REG RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

**Transaction ID : PR103640510707**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. THEODORE A PREMIER**

Mailing Address 20 MOLINO

City

NEWPORT BEACH

State

CA

Zip Code

92660-9116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP RE INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

**Transaction ID : PR103640810707**

Amount of Each Receipt this Period

350.00

P/R Deduction (\$350.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

480.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 21 OF 99

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. JOSEPH A PUM**

Mailing Address 33 BOLERO

City	State	Zip Code
MISSION VIEJO	CA	92692-5160

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR103640910707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JAMES R RICE**

Mailing Address 11 STILLWATER

City	State	Zip Code
IRVINE	CA	92603-3426

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP M FINANCIAL DISTRIBUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR103641410707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. THOMAS M RONCE**

Mailing Address 19 GLEN ELLEN

City	State	Zip Code
IRVINE	CA	92602-2002

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP &amp; TAX COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR103642010707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 22 OF 99  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. RICHARD J SCHINDLER**

Mailing Address 28472 AVENIDA PLACIDA

City	State	Zip Code
SAN JUAN CAPISTRANO	CA	92675-6319

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP LIFE INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR103642610707

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. KIMBERLY K SCHULTZ**

Mailing Address 28392 CALLE PINON

City	State	Zip Code
SAN JUAN CAPISTRANO	CA	92675-5802

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR103643010707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CATHY L SCHWARTZ**

Mailing Address 87 PELICAN CT

City	State	Zip Code
NEWPORT BEACH	CA	92660-2930

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR103643110707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

691.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 99  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. SONJA V SCOTT**

Mailing Address 30 CANYONWOOD

City	State	Zip Code
IRVINE	CA	92620-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COMPENSATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR103643310707**

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. BRADLEY W SHERRELL**

Mailing Address 2315 VIA ZAFIRO

City	State	Zip Code
SAN CLEMENTE	CA	92673-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP TECH OFFICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR103643510707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CAROL R SUDBECK**

Mailing Address 11 SOMMET

City	State	Zip Code
NEWPORT COAST	CA	92657-0104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP, HR &amp; PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR103645010707**

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

521.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 99  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN G TORELL**

Mailing Address 355 S LORETTA DR

City  
ORANGE

State  
CA

Zip Code  
92869-4633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & ASSISTANT CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103645810707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. STEPHEN J TORETTO**

Mailing Address 22862 ORENSE

City

MISSION VIEJO

State

CA

Zip Code

92691-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103645910707

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. KHANH T TRAN**

Mailing Address 47 VERNAL SPG

City

IRVINE

State

CA

Zip Code

92603-0404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103646010707

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

591.66



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 25 OF 99  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. EDDIE D TUNG**

Mailing Address PO BOX 10386

City	State	Zip Code
NEWPORT BEACH	CA	92658-0386

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP REGULATORY PRDCTS ACCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR103646210707

Amount of Each Receipt this Period

110.00

P/R Deduction (\$110.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. CATHRYN L VAN WEY**

Mailing Address 41974 CARSON CT

City	State	Zip Code
MURRIETA	CA	92562-2254

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP NATL ACCTS &amp; BD SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR103646310707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOHN M WALDECK**

Mailing Address 67 LAURELHURST DR

City	State	Zip Code
LADERA RANCH	CA	92694-0204

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP COMMERCIAL MORTGAGE INV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR103646510707

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

626.66

TOTAL This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 99  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JOHN WHITE

Mailing Address 28532 VIA PRIMAVERA

City State Zip Code  
SAN JUAN CAPISTRANO CA 92675-5513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP SALES SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103647410707

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. ALAN D WUEST

Mailing Address 4473 AUGUSTA DR

City State Zip Code  
OCEANSIDE CA 92057-5005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP OPERATIONS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103648010707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. ROBIN S YONIS

Mailing Address 8 CASTLEBAR

City State Zip Code  
IRVINE CA 92618-4043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & FUND ADVISOR COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103648210707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 27 OF 99

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. REED J LLOYD**

Mailing Address 84 NORTHWOODS RD

City	State	Zip Code
NORTH GRANBY	CT	06060-1003

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP RETIREMENT STRATEGIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

Transaction ID : PR103652110707

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. REX A OLSON**

Mailing Address 1963 PORT LAURENT PL

City	State	Zip Code
NEWPORT BEACH	CA	92660-7118

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP&amp;SR MANAGING DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

Transaction ID : PR103652210707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CYNTHIA D BARNARD**

Mailing Address 510 TUSTIN AVE

City	State	Zip Code
NEWPORT BEACH	CA	92663-4821

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP &amp; VALUATION ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

Transaction ID : PR103652910707

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

165.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. CAROLYN DEAN**

Mailing Address PO BOX 3051

City  
DANA POINT

State Zip Code  
CA 92629-8051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ACCOUNTING DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103653410707

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. CAROL E RUMSEY**

Mailing Address 25221 SPINDLEWOOD

City  
LAGUNA NIGUEL

State Zip Code  
CA 92677-1967

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP FUND & ADVISOR COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103654510707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. PHILIP A TEETER**

Mailing Address 31422 ALTA LOMA DR

City  
LAGUNA BEACH

State Zip Code  
CA 92651-6926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103654710707

Amount of Each Receipt this Period

275.00

P/R Deduction (\$275.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

415.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. TENNYSON S OYLER**

Mailing Address 52 PEONY

City State Zip Code  
 IRVINE CA 92618-1508

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP BRAND MGMT &amp; PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 31 2015

Transaction ID : PR103656110707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. VALERIE MORRIS**

Mailing Address 48 W YALE LOOP

City State Zip Code  
 IRVINE CA 92604-3619

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 31 2015

Transaction ID : PR103656810707

Amount of Each Receipt this Period

110.00

P/R Deduction (\$110.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. PATRICIA S DOUGLASS**

Mailing Address 640 SAINT JAMES RD

City State Zip Code  
 NEWPORT BEACH CA 92663-5855

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 31 2015

Transaction ID : PR103657310707

Amount of Each Receipt this Period

320.00

P/R Deduction (\$320.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

605.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. SILAS K DUNN**

Mailing Address 14 ELDERWOOD

City

IRVINE

State

CA

Zip Code

92614-7449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PSD COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103658410707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. CHRISTINA Q HE**

Mailing Address 16625 SONORA STREET

City

TUSTIN

State

CA

Zip Code

92782-1939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INVESTMENT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103658710707

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOHN F O'DONNELL**

Mailing Address 24566 MOONFIRE DR

City

DANA POINT

State

CA

Zip Code

92629-1779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103659610707

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 99  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. JULIET A PINKERTON**

Mailing Address 5874 GARRISON RD

City  
FRANKLIN

State Zip Code  
TN 37064-9242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIVISIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103659910707

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. RICHARD A TAUBE**

Mailing Address 24081 NUTHATCH LN

City  
LAGUNA NIGUEL

State Zip Code  
CA 92677-1382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INSTITUTIONAL SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103660410707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. TRAVIS R MC KAY**

Mailing Address 48 GOLF AVE

City  
CLARENDON HILLS

State Zip Code  
IL 60514-1252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103660610707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

350.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. KATHARINE B YOUNG**

Mailing Address 18647 SANTA ISADORA ST

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-6232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP VALUATION &amp; RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

**Transaction ID : PR103661010707**

Amount of Each Receipt this Period

210.00

P/R Deduction (\$210.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. CHRISTOPHER VAN MIERLO**

Mailing Address 400 EL VUELO

City

SAN CLEMENTE

State

CA

Zip Code

92672-7513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP RSD SALES CHF MKTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

**Transaction ID : PR103661510707**

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DOUGLAS J URATA**

Mailing Address 28202 MILLWOOD RD

City

TRABUCO CANYON

State

CA

Zip Code

92679-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ISP MKTG ASSOC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

**Transaction ID : PR103661610707**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

666.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. RICHARD M WILKES

Mailing Address 11144 SAGE CREEK DR

City

GALENA

State

OH

Zip Code

43021-8007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015

Transaction ID : PR103662710707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. RICHARD S BANNO

Mailing Address 26666 WHITE OAKS DR

City

LAGUNA HILLS

State

CA

Zip Code

92653-7577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE SECURITIES &amp; RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015

Transaction ID : PR103662810707

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. STEPHEN M BOLLINGER

Mailing Address 17345 FLAME TREE CIR

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-3521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015

Transaction ID : PR103663010707

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

235.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. MARY ANN BROWN**

Mailing Address 304 WEYMOUTH PL

City

LAGUNA BEACH

State

CA

Zip Code

92651-1455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP CORPORATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103663110707

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. LORI K CARRASCO**

Mailing Address 2742 PORTOLA DR

City

COSTA MESA

State

CA

Zip Code

92626-5819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ASST CORP SECRETARY DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103663210707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. SIMON S FENG**

Mailing Address 10 CANDELA

City

IRVINE

State

CA

Zip Code

92620-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP BUS & TECH INTEG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103663510707

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

666.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. THOMAS GIBBONS**

Mailing Address 1970 PARK NEWPORT

City State Zip Code  
 NEWPORT BEACH CA 92660-5068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP, TREASURY TAX & ENTERPRISE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2905.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR103663610707**

Amount of Each Receipt this Period

365.00

P/R Deduction (\$365.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. MARY M HAWKINS**

Mailing Address 6182 S 177TH ST

City State Zip Code  
 OMAHA NE 68135-2897

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP OPS BUS SOLUTNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR103663910707**

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. MARK A KARPE**

Mailing Address 16 AUTUMNLEAF

City State Zip Code  
 IRVINE CA 92614-7596

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR103664110707**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

535.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. GREGORY L KEELING**

Mailing Address 325 LA JOLLA DR #2

City

NEWPORT BEACH

State

CA

Zip Code

92663-4143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103664210707

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. STEPHAN P MITCHELL**

Mailing Address 18111 THEODORA DR

City

TUSTIN

State

CA

Zip Code

92780-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PRODUCT SPEC DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103664610707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. CHAD A ROSS**

Mailing Address 567 BUTTERWOOD AVE

City

SAN MARCOS

State

CA

Zip Code

92069-3314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR BROKER DEALER SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103664910707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

180.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. DAVID K ROSUCK**

Mailing Address 20 SAINT JOHN DR

City

HAWTHORN WOODS

State

IL

Zip Code

60047-9176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP MKTG COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

**Transaction ID : PR103665010707**

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. ELIZABETH H SKINNER**

Mailing Address 57 CORAL LK

City

IRVINE

State

CA

Zip Code

92614-5487

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

**Transaction ID : PR103665510707**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CHERYL L TOBIN**

Mailing Address 24426 PEACOCK ST

City

LAKE FOREST

State

CA

Zip Code

92630-1864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

**Transaction ID : PR103665710707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

330.00

**TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. DENNIS L BAHLMANN**

Mailing Address 6052 MEADOW VIEW CT

City  
JOHNSTON

State Zip Code  
IA 50131-3053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

LIFE UNDWRITNG CONS II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103666210707

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. GEORGE A PAULIK**

Mailing Address 314 ROLLING ROCK RD SE

City  
MARIETTA

State Zip Code  
GA 30067-4646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FVP-NCM IP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103666510707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JEFF J BRADSHAW**

Mailing Address 22081 OAK GRV

City  
MISSION VIEJO

State Zip Code  
CA 92692-4302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CORP DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103666710707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MS. KAREN M BROWN**

Mailing Address 1230 FOWLER CREEK RD

City  
SONOMAState  
CAZip Code  
95476-6230FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP MODEL OFC ANN TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015

Transaction ID : PR103666910707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. STEVEN R ELDER**

Mailing Address 385 25TH AVE

City  
MILTONState  
WAZip Code  
98354-9359FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015

Transaction ID : PR103667210707

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. STEPHEN K ENG**

Mailing Address 5 PURPLE SAGE

City  
IRVINEState  
CAZip Code  
92603-3706FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015

Transaction ID : PR103667310707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. CHARLENE A GRANT**

Mailing Address 3311 SEAVIEW AVE

City State Zip Code  
CORONA DEL MAR CA 92625-3056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103667510707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DAVID C HONERKAMP**

Mailing Address 839 PROMONTORY DR W

City State Zip Code  
NEWPORT BEACH CA 92660-7361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE ASSET MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103667610707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. KRISTINA L KENNEDY**

Mailing Address 6 CAMARIN ST

City State Zip Code  
FOOTHILL RANCH CA 92610-1939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP ACTUARIAL & APPOINTED ACTY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103667810707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. SHARON E PACHECO**

Mailing Address 21611 BLUEJAY ST

City

TRABUCO CANYON

State

CA

Zip Code

92679-3469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CHIEF COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103668210707

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. DAWN M TRAUTMAN**

Mailing Address 308 REGATTA WAY

City

SEAL BEACH

State

CA

Zip Code

90740-5985

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP PRODUCT MGT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103668610707

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JEFFREY R WILT**

Mailing Address 1 BAILEY DR

City

GLENWOOD

State

NJ

Zip Code

07418-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103668810707

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

355.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 99  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. STUART A HOLLAND**

Mailing Address 4931 CAREFREE TRAIL

City	State	Zip Code
PARKER	CO	80134-5240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP RETAIL SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR103669110707**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. BRANDON J CAGE**

Mailing Address 31885 OLD OAK RD

City	State	Zip Code
TRABUCO CANYON	CA	92679-3245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR103669510707**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. LARRY D GARDNER**

Mailing Address 214 S 202ND ST

City	State	Zip Code
ELKHORN	NE	68022-4898

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REG COMPLIANCE CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR103669910707**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

305.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 OF 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. DAVID L GOLDSTEIN

Mailing Address 12324 CANTURA ST

City

STUDIO CITY

State

CA

Zip Code

91604-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP COLI UNIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103670110707

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. CHIN H KIM

Mailing Address 18 AMANTES

City

RANCHO SANTA MARGARITA

State

CA

Zip Code

92688-2704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ADVANCED MRKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103670210707

Amount of Each Receipt this Period

120.00

P/R Deduction (\$120.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. RONALD C SEXTON

Mailing Address 2800 KELLER DR APT 50

City

TUSTIN

State

CA

Zip Code

92782-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR DATABASE ADMINISTR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR103670910707

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

190.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 99

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. KEITH C WERSCHKE**

Mailing Address 25252 NORTHRUP DR

City

LAGUNA HILLS

State

CA

Zip Code

92653-5223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP AGGREGATE RISK MGMT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

**Transaction ID : PR103671210707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JIM Y CHU**

Mailing Address 22931 GALAXY LN

City

LAKE FOREST

State

CA

Zip Code

92630-4905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PRICING &amp; DESIGN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

**Transaction ID : PR103671410707**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. TIFFANY L GREGATH**

Mailing Address 2820 CAMINO CAPISTRANO APT D

City

SAN CLEMENTE

State

CA

Zip Code

92672-4812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP MARKETING SVCS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

**Transaction ID : PR103671510707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

200.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 45 OF 99  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. STEVEN H GOLDBERG**

Mailing Address 11 TWIN FLOWER ST

City	State	Zip Code
LADERA RANCH	CA	92694-1323

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

PRODUCT MGMT DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

Transaction ID : PR103671810707

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JASON T TODD**

Mailing Address 15 LEWISTON CT

City	State	Zip Code
LADERA RANCH	CA	92694-0532

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

Transaction ID : PR103719910707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. MADHU VIJAY**

Mailing Address 2 SKYGATE

City	State	Zip Code
ALISO VIEJO	CA	92656-1820

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP &amp; CHIEF FIN OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

Transaction ID : PR106147510707

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

425.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 99  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. ROBERT J AVELLINO**

Mailing Address 3 PHEASANT DR.

City State Zip Code  
MOUNT LAUREL NJ 08054-5302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR106147810707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. CARLETON J MUENCH**

Mailing Address 111 NORTHERN PINE LOOP

City State Zip Code  
ALISO VIEJO CA 92656-6056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INVESTMENT OVERSIGHT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR106148310707**

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. TIM N SHAHEEN**

Mailing Address 27621 HOMESTEAD RD

City State Zip Code  
LAGUNA NIGUEL CA 92677-6603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP SHARED SVCS & STRAT PLNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR106148710707**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 OF 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MICHAEL J DONNELLY**

Mailing Address 16 GARDEN TER

City

WALPOLE

State

MA

Zip Code

02081-3771

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

264.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR106679910707

Amount of Each Receipt this Period

33.00

P/R Deduction (\$33.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JAMES P LEASURE**

Mailing Address 2427 PORT WHITBY PL

City

NEWPORT BEACH

State

CA

Zip Code

92660-5435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP&SR MANAGING DIR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR106680110707

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JAMES F SHERIDAN**

Mailing Address 9584 ROBIN AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-7250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR ACG/AIRCRAFT SVCS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR110846910707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

113.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 99  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. DAVID J VAN DE WATER**

Mailing Address 6433 PALOMINO WAY

City  
WEST LINN

State Zip Code  
OR 97068-2244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

MARKETING CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR111068910707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. ANN E FARLEY**

Mailing Address 4014 ALADDIN DR

City  
HUNTINGTON BEACH

State Zip Code  
CA 92649-4225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INNOVATION MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR113233510707

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. ANN M DELANEY**

Mailing Address 9 GRENADA ST

City  
LAGUNA NIGUEL

State Zip Code  
CA 92677-4825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PROJECT MGMT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR123619310707

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

140.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. ROGER D BOND**

Mailing Address 225 SAN TROPEZ CT.

City

LAGUNA BEACH

State

CA

Zip Code

92651-4417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR PROFESSIONAL PRACTICES

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015

Transaction ID : PR155988910707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. ANDREW OLEKSIW**

Mailing Address 22 SKY RANCH RD

City

LADERA RANCH

State

CA

Zip Code

92694-1546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP CORP DEVELPMT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015

Transaction ID : PR155989010707

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. RAE A MCKEATING**

Mailing Address 25842 DANA BLF W

City

CAPISTRANO BEACH

State

CA

Zip Code

92624-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP GENERAL COUNSEL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015

Transaction ID : PR221307110707

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

345.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. EDWIN J FERRELL**

Mailing Address 34 CASTLEROCK

City State Zip Code  
 IRVINE CA 92603-0153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INVSTMT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR221307510707**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DONAL P HANLEY**

Mailing Address 1110 SCHOLARSHIP

City State Zip Code  
 IRVINE CA 92612-5682

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

MANAGING DIRECTOR & VP LEGAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR221307710707**

Amount of Each Receipt this Period

26.00

P/R Deduction (\$26.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. NANCY A HILL**

Mailing Address 9 AMBERWICKE

City State Zip Code  
 DOVE CANYON CA 92679-3742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR221307810707**

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

171.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 51 OF 99  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. DENIS P KALSCHEUR**

Mailing Address 15 BELMONT

City	State	Zip Code
NEWPORT BEACH	CA	92660-6732

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

ACG CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR221307910707

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. JENNIFER L ST ONGE**

Mailing Address 3 GIVERNY

City	State	Zip Code
NEWPORT COAST	CA	92657-1007

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP FIN &amp; DERIVATIVE RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR221308010707

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. GUY M MOCKELMAN**

Mailing Address 4227 N BRANCH DR

City	State	Zip Code
OMAHA	NE	68116-2952

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR CHANNEL SALES TRAINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR221308310707

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

526.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 OF 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. TIMOTHY C MYERS**

Mailing Address 9 TROFELLO LN

City

ALISO VIEJO

State

CA

Zip Code

92656-6215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

CORP TAX DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR221308610707

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JAY C HAMILTON**

Mailing Address 14 ARGOS

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-9003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CONTRACTS & CONFIGURATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR223363510707

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. SHEPHEARD M JAMES**

Mailing Address 18030 BROOKHURST ST.

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-6756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR223363610707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

285.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 99

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. RICHARD J MILLER**

Mailing Address 2628 RYCROFT CT

City  
CHESTERFIELDState  
MOZip Code  
63017-7108FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP IND DIST NETWORK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR317368410707

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DOUGLAS P JACKSON**

Mailing Address 59 AUGUSTA

City  
COTO DE CAZAState  
CAZip Code  
92679-4829FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PROD MGMT &amp; SALES SPPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR327771210707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. WILLIAM D BELL**

Mailing Address 12123 COURSER AVE

City  
LA MIRADAState  
CAZip Code  
90638-1422FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ADVANCED DESIGNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR336778410707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. DANIEL E KOMOROSKE**

Mailing Address 8 OSPREY AVE

City

ALISO VIEJO

State

CA

Zip Code

92656-1772

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP LIFE REINSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR336778810707

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. ADRIENNE MOUCH**

Mailing Address 2524 W WATROUS AVE

City

TAMPA

State

FL

Zip Code

33629-5345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR336779010707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. KAREN L MOYER**

Mailing Address 4821 SUNNYBROOK AVE

City

BUENA PARK

State

CA

Zip Code

90621-1044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR SYSTEMS ANA (LD)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR336779110707

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. BRIAN D PEAD**

Mailing Address 25 SUNRISE

City State Zip Code  
 IRVINE CA 92603-3719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP APPL ARCH & INTEG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR336779410707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JEFFREY S PHILLIPS**

Mailing Address 14932 PENFIELD CIR

City State Zip Code  
 HUNTINGTON BEACH CA 92647-2319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PROJECT MGMT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR336779510707

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JON W RUELLE**

Mailing Address 3273 CALIFORNIA ST

City State Zip Code  
 COSTA MESA CA 92626-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DATA GOVERNANCE CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR336779710707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. PARAG S SHAH**

Mailing Address 24972 FOOTPATH LN

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-6000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR336779810707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. KARI S TURIGLIATTO**

Mailing Address 253 NIETO AVE

City

LONG BEACH

State

CA

Zip Code

90803-5522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR336779910707

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. DEIDRE B BECKLEY**

Mailing Address 24215 SPARKLING SPRING LN

City

LAKE FOREST

State

CA

Zip Code

92630-3685

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SUPR OPS COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR336780110707

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

255.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 99  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JAMES P WITKOWSKI**

Mailing Address 5620 FOXTAIL LOOP

City	State	Zip Code
CARLSBAD	CA	92010-7154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

CHANNEL MKTG DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR336780210707**

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. MICHAEL F MIRANNE**

Mailing Address 153 SHUTE CIR

City	State	Zip Code
OLD HICKORY	TN	37138-1956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FVP NSM FI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR344191510707**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. KEVIN RODDY**

Mailing Address 23221 VIA DORADO

City	State	Zip Code
COTO DE CAZA	CA	92679-3922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR383708910707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

295.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. DANIEL J KUBICA**

Mailing Address 26362 YOLANDA ST

City

LAGUNA HILLS

State

CA

Zip Code

92656-3111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR FLD FIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

**Transaction ID : PR435822610707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. CARLA M MILLER**

Mailing Address 2116 BARLASS DR

City

ROCKWALL

State

TX

Zip Code

75087-7138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

**Transaction ID : PR435822710707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOSEPH J NICOLSI**

Mailing Address 5865 E ANDOVER DR

City

HANOVER PARK

State

IL

Zip Code

60133-5240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

**Transaction ID : PR435822910707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 59 OF 99  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. CHRISTIAN J PHANCO**

Mailing Address 18710 ORIENTE DR

City

YORBA LINDA

State

CA

Zip Code

92886-2555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015

Transaction ID : PR435823110707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. VINCENT A SPERA**

Mailing Address 1616 LOOKOUT CIR

City

WAXHAW

State

NC

Zip Code

28173-8085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015

Transaction ID : PR435823510707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. ROBERT S EDWARDS**

Mailing Address 9631 MITCHELL PL

City

BRENTWOOD

State

TN

Zip Code

37027-8483

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015

Transaction ID : PR482322110707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

325.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. JOANNE T GAGNON**

Mailing Address 403 S SAPODILLA AVE

City State Zip Code  
 WEST PALM BEACH FL 33401-5765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP M MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR48232210707

Amount of Each Receipt this Period

42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. GARY D PENCE**

Mailing Address 27691 BLOSSOM HILL RD

City State Zip Code  
 LAGUNA NIGUEL CA 92677-6012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

MGR ADVANCED MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR482322610707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DAVID T CHANG**

Mailing Address 18 IROQUOIS CT

City State Zip Code  
 IRVINE CA 92602-0751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP SR QUANTITATIVE STRATEGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR595292510707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

192.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN F TRUJILLO**

Mailing Address 650 E CHASE DR

City  
CORONAState  
CAZip Code  
92881-3901FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP SYSTEMS ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR595292710707**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. ROBERT V IPPOLITO**

Mailing Address 6276 WINGSPAN WAY

City  
BRADENTONState  
FLZip Code  
34203-7120FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR607505010707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. CADE H CHERRY**

Mailing Address 20 ESTERO POINTE

City  
ALISO VIEJOState  
CAZip Code  
92656-7040FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP STRATEGIC PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR611258810707**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. GARY L FALDE**

Mailing Address 9212 SANTIAGO DR

City State Zip Code  
HUNTINGTON BEACH CA 92646-6342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & CHIEF ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR611259010707**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. SUSAN S PECK**

Mailing Address 12521 WEDGWOOD CIR.

City State Zip Code  
TUSTIN CA 92780-2879

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR611259410707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. BRIAN W REEVES**

Mailing Address 217 AVENUE B

City State Zip Code  
REDONDO BEACH CA 90277-4708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CORPORATE FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR611259510707**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 OF 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. RALPH D SCHOCH**

Mailing Address 3443 CROOKED CREEK DR

City State Zip Code  
 DIAMOND BAR CA 91765-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR APPLIC DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR611259610707**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. REBECCA S WARWAR**

Mailing Address 196 S SAGEWOOD ST

City State Zip Code  
 ORANGE CA 92869-5614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR DC & MAINFRAME SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR611259710707**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. WESLEY J FARNER**

Mailing Address 23412 PACIFIC PARK DR UNIT 12C

City State Zip Code  
 ALISO VIEJO CA 92656-3335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FINANCIAL ANALYST II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR678850410707**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MATTHEW L HANSBERGER**

Mailing Address 5516 RIVER AVE

City

NEWPORT BEACH

State

CA

Zip Code

92663-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP OPEN SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR678850610707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. MATTHEW A LEVENE**

Mailing Address 22131 CHERRYWOOD

City

MISSION VIEJO

State

CA

Zip Code

92692-4501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR678850710707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. MICHELLE P O'HAREN**

Mailing Address 790 N COAST HWY

City

LAGUNA BEACH

State

CA

Zip Code

92651-1403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ADVANCED SALES CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR678850810707

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 65 OF 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. JESSICA L RICE**

Mailing Address 511 S 51ST AVE

City

OMAHA

State

NE

Zip Code

68106-1362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INTERNAL WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR678851010707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOHN M CHURCH**

Mailing Address 19011 WOODLAND WAY

City

TRABUCO CANYON

State

CA

Zip Code

92679-1079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PRODUCT MKTG SPEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR680011810707

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. ALEXANDER F MUNRO**

Mailing Address 8 HILLSBOROUGH

City

NEWPORT BEACH

State

CA

Zip Code

92660-6733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ENTERPRISE TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR680012010707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

240.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. KORY J OLSEN**

Mailing Address 20241 BRENTSTONE LN

City State Zip Code  
HUNTINGTON BEACH CA 92646-5118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ACTUARIAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR691190610707**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. SARAH A JARVIS**

Mailing Address 10209 HOLBURN DR

City State Zip Code  
HUNTINGTON BEACH CA 92646-4346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR701457110707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. KIM R CUNNINGHAM**

Mailing Address 15117 SPECTRUM

City State Zip Code  
IRVINE CA 92618-3426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP HR BUSINESS PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR713129110707**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. DAVID N FANGER**

Mailing Address 817 10TH ST

City

SANTA MONICA

State

CA

Zip Code

90403-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CORP DEV FIN ACTUARY

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

Transaction ID : PR713129210707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. JANE B FORBES**

Mailing Address 3376 CUMBERLAND LN

City

FRISCO

State

TX

Zip Code

75033-2376

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

LTC REGIONAL DIR

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

Transaction ID : PR713129310707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. JANE M GUON**

Mailing Address 5 SPRINGWOOD

City

IRVINE

State

CA

Zip Code

92604-4650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP &amp; SECRETARY

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

Transaction ID : PR713129510707

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JACQUES HUNTER**

Mailing Address 1215 GOLDENROD AVE

City State Zip Code  
 CORONA DEL MAR CA 92625-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FVP NSM RW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR713129610707**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOSEPH KORDOVI**

Mailing Address 11 SUNRIVER

City State Zip Code  
 IRVINE CA 92614-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR713129710707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOSEPH A NAGEL**

Mailing Address 23995 PIRAGUA PL

City State Zip Code  
 LAGUNA NIGUEL CA 92677-4233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR713129810707**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 69 OF 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. KATHLEEN J MELGAR**

Mailing Address 2821 MONTEREY AVE

City

COSTA MESA

State

CA

Zip Code

92626-5534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PRODUCT DELIVERY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR713130010707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. FRANK J ZHANG**

Mailing Address 28 ANACAPA LN

City

ALISO VIEJO

State

CA

Zip Code

92656-1630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP RISK MANAGEMENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR713130110707

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. RUSSELL S PROCTOR**

Mailing Address 9 NORTHERN PINE LOOP

City

ALISO VIEJO

State

CA

Zip Code

92656-6034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR PENSION SALES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR714269910707

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

205.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. DAVID L SCHAFFER**

Mailing Address 3215 W FIELDER ST

City  
TAMPA

State  
FL

Zip Code  
33611-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR720479410707**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. KEVIN R BYRNE**

Mailing Address 2110 CATALINA ST

City

LAGUNA BEACH

State

CA

Zip Code

92651-3677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP FINANCE & RISK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR723508110707**

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOHN R CRUISE**

Mailing Address 4348 WAIALAE AVE #507

City

HONOLULU

State

HI

Zip Code

96816-5767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR723508210707**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 71 OF 99  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MATTHEW C DOMICH**

Mailing Address 3553 S ALBION ST

City	State	Zip Code
CHERRY HILLS VILLAGE	CO	80113-4203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR723508310707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JAMES L EHRET**

Mailing Address 6815 TRAFALGAR LOOP

City	State	Zip Code
DUBLIN	OH	43016-8316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR723508410707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. RYAN J JOHNSON**

Mailing Address 4531 NINA LN

City	State	Zip Code
MIDDLETON	WI	53562-5325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR723508510707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

275.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. DOUGLAS E KALMEY**

Mailing Address 314 CORALBERRY RD.

City

LOUISVILLE

State

KY

Zip Code

40207-5704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015

Transaction ID : PR723508610707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. THOMAS M KELLY**

Mailing Address 779 ALDEN LN

City

LIVERMORE

State

CA

Zip Code

94550-4752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015

Transaction ID : PR723508710707

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DAVID L LAUTENSCHLAGER**

Mailing Address 22192 BROOKPINE

City

MISSION VIEJO

State

CA

Zip Code

92692-1084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015

Transaction ID : PR723508810707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. THOMAS R MARKS**

Mailing Address 203 DIERKS DR

City

WESTERN SPRINGS

State

IL

Zip Code

60558-2030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR723508910707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JONATHAN H WALKER**

Mailing Address 99 SKYLINE TERRACE

City

MILL VALLEY

State

CA

Zip Code

94941-3484

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR723509210707

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JASON P WOLF**

Mailing Address 21817 NE 97TH PL

City

REDMOND

State

WA

Zip Code

98053-7689

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR723509310707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

360.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. SUSAN A WOOD**

Mailing Address 809 GREER ST

City  
COVINGTON

State Zip Code  
KY 41011-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ADVANCED SALES CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR723509410707

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. BRIAN T WOOLFOLK**

Mailing Address 828 S 182ND ST

City  
ELKHORN

State Zip Code  
NE 68022-5707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP PRICING & PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR723509510707

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. RICHARD V HEWLETT**

Mailing Address 4543 MIDDLE RD

City  
ALLISON PARK

State Zip Code  
PA 15101-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR726468310707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. JAMES B CLINKSCALES**

Mailing Address 3408 AUTUMN CT

City  
FORT WORTH

State Zip Code  
TX 76109-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 31 2015

Transaction ID : PR737236510707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. MICHAEL J DOUGHERTY**

Mailing Address 76 MANCHESTER DR

City  
BASKING RIDGE

State Zip Code  
NJ 07920-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 31 2015

Transaction ID : PR739885210707

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. FRANK L BECERRA**

Mailing Address 2004 VIA AGUILA

City  
SAN CLEMENTE

State Zip Code  
CA 92673-5670

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR NETWORK &amp; STORAGE SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 31 2015

Transaction ID : PR749794410707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. KEITH A BUCK**

Mailing Address 27743 HOMESTEAD RD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-3762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ADVANCED DESIGNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR749794510707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOHN C DALTON**

Mailing Address 18867 MOUNT MORGAN CIR

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-6517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR APPLIC DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR749794810707

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. GREGORY P POTTER**

Mailing Address 145 WHISPERING PINE WAY

City

EXETER

State

RI

Zip Code

02822-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR COPYWRITER SPEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR749795810707

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 99

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN G REBER**

Mailing Address 507 VIA EL RISCO

City

SAN CLEMENTE

State

CA

Zip Code

92673-6608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP REG'L LIFE OFFICES

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR749795910707**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. RANIA C SARKIS**

Mailing Address 1070 NORIA ST

City

LAGUNA BEACH

State

CA

Zip Code

92651-3530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ADVD DESIGN MGR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR749796010707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. BIANCA M CAMPMAN**

Mailing Address 58 BORGHESE

City

IRVINE

State

CA

Zip Code

92618-0113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ACCOUNT MGMT SPEC

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR749796110707**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

255.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 99  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOSHUA D SCOTT**

Mailing Address 30 ORION WAY

City	State	Zip Code
COTO DE CAZA	CA	92679-5116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP FIN PLNG &amp; ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR749796210707**

Amount of Each Receipt this Period

41.66

P/R Deduction (\$41.66 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOSEPH C LEE**

Mailing Address 1244 BRIDLE ESTATES DR

City	State	Zip Code
YARDLEY	PA	19067-3957

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

NATL SLS MGR WIREHOUSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR751591210707**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. TIMOTHY F SHONTERE**

Mailing Address 24642 BENJAMIN CIR

City	State	Zip Code
DANA POINT	CA	92629-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP EMPLOYEE RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : PR751591310707**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

316.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 79 OF 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. BRYAN L BOND**

Mailing Address 22391 GRAVINO

City

LAGUNA HILLS

State

CA

Zip Code

92653-1844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR LIFE OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR754273510707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. CHRISTOPHER R CAIRNS**

Mailing Address 8008 PASEO ESMERADO

City

CARLSBAD

State

CA

Zip Code

92009-9800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIVISIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR754273610707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. CHRISTOPHER T RITONDO**

Mailing Address 46 TIMBERNECK DR

City

READING

State

MA

Zip Code

01867-1845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP NATIONAL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR754273710707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. MATTHEW M HOSKINS

Mailing Address 28021 ENCANTO

City

MISSION VIEJO

State

CA

Zip Code

92692-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR DIR NAT'L ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2015

Transaction ID : PR766632610707

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JOHN P ANGEL

Mailing Address 460 S POPLAR AVE

City

ELMHURST

State

IL

Zip Code

60126-4014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2015

Transaction ID : PR799017910707

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. WILLIAM C BARCLAY

Mailing Address 779 OLD COUNTRY RD

City

WESTPORT

State

MA

Zip Code

02790-1168

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2015

Transaction ID : PR799018010707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

290.00

TOTAL This Period (last page this line number only)..... ►



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. WILLIAM G BEAGLE

Mailing Address 1 TOSCANY

City

IRVINE

State

CA

Zip Code

92614-0248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR MF STRATEGIC PLATFORMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR799018110707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. MATTHEW R BOKOSKY

Mailing Address 171 E 18TH ST

City

COSTA MESA

State

CA

Zip Code

92627-3058

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR DIR NAT'L ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR799018210707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JOHN J CONOVER

Mailing Address 145 LINDEN DR

City

BASKING RIDGE

State

NJ

Zip Code

07920-1964

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR799018510707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 99

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. KURT A DAMRON**

Mailing Address 9563 HAMPTON RESERVE DR

City  
BRENTWOODState  
TNZip Code  
37027-8485FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR799018710707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. ERICK R KROSKY**

Mailing Address 1315 E SAINT JOHN RD

City  
PHOENIXState  
AZZip Code  
85022-2069FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR799019010707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. KENNETH A MCCLINTOCK**

Mailing Address 3915 BELL HOLLOW LN

City  
KATYState  
TXZip Code  
77494-2455FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR799019110707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 99  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. FRANCIS X MURPHY**

Mailing Address 18909 RIVER FALLS DR

City  
DAVIDSON

State Zip Code  
NC 28036-8857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR799019210707

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOHN C TEMME**

Mailing Address 3352 FALLING WATER CT

City  
SIMI VALLEY

State Zip Code  
CA 93063-5749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR799019310707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. WALTER B ZINYCH**

Mailing Address 1376 HELLER DR

City  
YARDLEY

State Zip Code  
PA 19067-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR799019510707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 84 OF 99

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MARK S CAMPISANO**

Mailing Address 6 BETHANY

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP TAX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

**Transaction ID : PR801927310707**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. STUART I HUTCHINS**

Mailing Address 7997 S FAIRFAX CT

City

CENTENNIAL

State

CO

Zip Code

80122-3883

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

**Transaction ID : PR801927410707**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. SAMUEL E MASEMER**

Mailing Address 225 CALEB DR

City

WEST CHESTER

State

PA

Zip Code

19382-6177

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP INVESTMENT SPEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

**Transaction ID : PR805019110707**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 85 OF 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN H SHIRIKIAN**

Mailing Address 25196 VIA VERACRUZ

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-7349

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

GOV RELATIONS CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR812523310707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DAVID M DIANTONIO**

Mailing Address 416 COLONIAL AVE

City

WESTFIELD

State

NJ

Zip Code

07090-3009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR821860210707**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOHN T DIECK**

Mailing Address 7 LOAM

City

COTO DE CAZA

State

CA

Zip Code

92679-5225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP ENTERPRISE RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR821860310707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. DAVID M LANGAN**

Mailing Address 14 ANNESLEY DR

City  
GLEN MILLS

State Zip Code  
PA 19342-1357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR821860510707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. MICHAEL W MCHARGUE**

Mailing Address 1765 BLACKHAWK DR

City  
LINCOLN

State Zip Code  
NE 68521-9085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

IW CHANNEL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR821860610707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. HUGH M MENIN**

Mailing Address 9861 E PINWOOD AVE

City  
ENGLEWOOD

State Zip Code  
CO 80111-5446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR PENSION SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR821860710707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. CATHY J MORRIS**

Mailing Address 1431 S 123RD ST

City

OMAHA

State

NE

Zip Code

68144-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

IW SALES DESK DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR821860810707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. ARTHUR V PANIGHETTI**

Mailing Address 405 PROMONTORY DR E

City

NEWPORT BEACH

State

CA

Zip Code

92660-7447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP REGULATORY PROJECT (ERM)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR821860910707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DAVID M RUIZ**

Mailing Address 23 PASEO BREZO

City

RANCHO SANTA MARGARITA

State

CA

Zip Code

92688-2867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP VALUATION ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR821861010707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. DEREK C SUTER**

Mailing Address 14067 WHEELING CT

City  
FISHERS

State Zip Code  
IN 46038-4530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

KEY ACCTS MKTG DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR821861210707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. PATRICIA A THOMPSON**

Mailing Address 1024 BAYSIDE DRIVE

City  
NEWPORT BEACH

State Zip Code  
CA 92660-7462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGULATORY COMPL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR821861310707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. JULIE A AHLERT**

Mailing Address 2465 VISTA HUERTA

City  
NEWPORT BEACH

State Zip Code  
CA 92660-4039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR ACCTG & FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : PR823372510707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. T. REED BONNER**

Mailing Address 853 FARM QUARTER RD

City	State	Zip Code
MOUNT PLEASANT	SC	29464-9552

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR826843210707

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. THOMASITO N PIEDAD**

Mailing Address 24 CIPRESSO

City	State	Zip Code
IRVINE	CA	92618-0105

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP SR QUANTITATIVE STRATEGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR826843410707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CORINNE M SUDBECK**

Mailing Address 1015 W BALBOA BLVD

City	State	Zip Code
NEWPORT BEACH	CA	92661-1003

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR826843710707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶

140.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. LEE A BENNETT**

Mailing Address 11285 SHOREVIEW CIR

City

INDIANAPOLIS

State

IN

Zip Code

46236-8626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR DIR NAT'L ACCTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR82777910707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. GEORGE M MCFADDEN**

Mailing Address 20721 AVALON DR

City

ROCKY RIVER

State

OH

Zip Code

44116-1317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR829263110707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. KEVIN A CORWIN**

Mailing Address 8920 OLDE MEADOW WAY

City

SPOTSYLVANIA

State

VA

Zip Code

22551-4568

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR832704310707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. PAUL B KUDYBA

Mailing Address 9361 SW 69TH ST

City State Zip Code  
MIAMI FL 33173-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR832704410707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JAMES J LOWERY

Mailing Address 1261 HANOVER TL.

City State Zip Code  
WAUNAKEE WI 53597-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR832704510707

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. GEOFFREY P KISSEL

Mailing Address 16 WHISTLING ISLE

City State Zip Code  
IRVINE CA 92614-5458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INSTITUTIONAL SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR835331810707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

305.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. GEORGE A MAHASSEL**

Mailing Address 4 STONEGATE CIR

City  
GRAFTON

State Zip Code  
MA 01519-1250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR835331910707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DARRELL DELL'ANDREA**

Mailing Address 1 BLUECOAT

City  
IRVINE

State Zip Code  
CA 92620-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR840159110707

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. EDMUND M JOHNSON**

Mailing Address 23 HOLLYHOCK LN

City  
MISSION VIEJO

State Zip Code  
CA 92692-5944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ARCHITECTURE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR848549910707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

310.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. EDWARD F BACON**

Mailing Address 19 CORONEL PL

City

ALISO VIEJO

State

CA

Zip Code

92656-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP FIN RPTG & ACCTG CONTROL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR849893810707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. HEATHER R BRADLEY**

Mailing Address 355 E OHIO ST

City

CHICAGO

State

IL

Zip Code

60611-5452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

LTC REGIONAL DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR849893910707

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. NICOLE J HOURIGAN**

Mailing Address 314 WALNUT ST

City

NEWPORT BEACH

State

CA

Zip Code

92663-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR IT OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR849894210707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. CHARLES E JERNIGAN**

Mailing Address 1321 BELFI LN

City

PLACENTIA

State

CA

Zip Code

92870-8221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR ACCTG & RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR849894310707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. MONICA M KANG**

Mailing Address 113 DOVERWOOD

City

IRVINE

State

CA

Zip Code

92620-2175

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ADVD DESIGN CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR849894410707

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. HYUNG T KIM**

Mailing Address 39 WYNDHAM ST

City

LADERA RANCH

State

CA

Zip Code

92694-0251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR849894510707

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 95 OF 99  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MICHAEL R SPINA**

Mailing Address 15971 MATARO BAY CT

City

DELRAY BEACH

State

FL

Zip Code

33446-9731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

**Transaction ID : PR849894610707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JAMES E YECKEL**

Mailing Address 21681 BLUEJAY ST

City

TRABUCO CANYON

State

CA

Zip Code

92679-3469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

BUS UNIT AUDIT MGR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

**Transaction ID : PR849894710707**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

**TOTAL** This Period (last page this line number only)..... ►

29393.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 96 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Blumenauer For Congress**

Mailing Address 232 NE 9th Avenue

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Earl Blumenauer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

**Transaction ID : 13528156**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Boozman For Arkansas**

Mailing Address 1316 Alexandria Avenue

City	State	Zip Code
Alexandria	VA	22308

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. John Boozman**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

**Transaction ID : 13528157**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Denham For Congress**

Mailing Address 5827 Colfax Avenue

City	State	Zip Code
Alexandria	VA	22311

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jeff Denham**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

**Transaction ID : 13528158**

Amount of Each Disbursement this Period

2000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 97 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lynn Jenkins for Congress**

Mailing Address 104 Hume Avenue

City Alexandria	State VA	Zip Code 22301
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Lynn Jenkins**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

**Transaction ID : 13528159**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Lynn Jenkins for Congress**

Mailing Address 104 Hume Avenue

City Alexandria	State VA	Zip Code 22301
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Lynn Jenkins**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

**Transaction ID : 13528160**

Amount of Each Disbursement this Period

500.00
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Contribution

Full Name (Last, First, Middle Initial)

**C. Cathy McMorris Rodgers For Congress**

Mailing Address PO Box 137

City Spokane	State WA	Zip Code 99210
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Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Cathy McMorris Rodgers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

**Transaction ID : 13528161**

Amount of Each Disbursement this Period

2000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 98 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pelosi for Congress**

Mailing Address 430 South Capitol Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Nancy Pelosi**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

**Transaction ID : 13528162**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Price For Congress**

Mailing Address 412 S. Capitol Street, SE Ste B

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Thomas Price M.D.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

**Transaction ID : 13528163**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Loretta Sanchez For US Senate**

Mailing Address PO Box 6037

City	State	Zip Code
Santa Ana	CA	92706

Purpose of Disbursement  
Contribution

Candidate Name

**Loretta Sanchez**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

**Transaction ID : 13528164**

Amount of Each Disbursement this Period

1500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

# Pacific Life Insurance Company Political Action Committee

1000.00

2000.00

[illegible]

3000.00

17500.00